

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90347 001 ***150.00

DOCUMENT # P97000069548

1. Entity Name
TAYLOR & WAINIO, CPA'S, P.A.

Principal Place of Business

**100 S PARK BLVD
 SUITE 414
 ST AUGUSTINE FL 32086**

Mailing Address

**100 S PARK BLVD
 SUITE 414
 ST AUGUSTINE FL 32086**

2. Principal Place of Business

120 SR 312 W.

Suite, Apt. #, etc. **# 1**

3. Mailing Address

120 SR 312 W.

Suite, Apt. #, etc. **# 1**

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

59-3463463

Applied For

Not Applicable

Zip

32086

Country

Zip

32086

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, DAIL A
 100 S PARK BLVD
 SUITE 414
 ST AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

120 SR 312 W., Ste. One

City

St. Augustine

FL

Zip Code

32086

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Dail A Taylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **TAYLOR, DAIL A**
 STREET ADDRESS **316 REDWING LNAE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
 NAME **WAINIO, FREDRICK J JR**
 STREET ADDRESS **3056 CYPRESS CREEK DRIVE E**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fredrick J Wainio Jr **4-15-02 904 829 9075**

CR2E034 (9/01)